

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION ☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE
(Check one item only) _____ ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) ☐ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 FACILITY ID: _____ 1

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK ☐ Yes ☐ No 434
If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
☐ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) ☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 2. NON-FUEL PETROLEUM ☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 3. CHEMICAL PRODUCT ☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN
COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK ☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
(Check one item only) ☐ 2. DOUBLE WALL ☐ 4. SINGLE WALL IN VAULT ☐ 95. UNKNOWN
☐ 99. OTHER

TANK MATERIAL – primary tank ☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 444
(Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER
REINFORCED PLASTIC (FRP)

TANK MATERIAL – secondary tank ☐ 1. BARE STEEL ☐ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 445
(Check one item only) ☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER
REINFORCED PLASTIC (FRP) ☐ 10. COATED STEEL
☐ 5. CONCRETE

TANK INTERIOR LINING ☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN 446 DATE INSTALLED 447
OR COATING ☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☐ 6 UNLINED ☐ 99 OTHER
(Check one item only) _____ (For local use only)

OTHER CORROSION ☐ 1 MANUFACTURED CATHODIC ☐ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN 448 DATE INSTALLED 449
PROTECTION IF APPLICABLE PROTECTION ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER
(Check one item only) ☐ 2 SACRIFICIAL ANODE _____ (For local use only)

SPILL AND OVERFILL YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
(Check all that apply) ☐ 1 SPILL CONTAINMENT ☐ 1 ALARM ☐ 3 FILL TUBE SHUT OFF VALVE
☐ 2 DROP TUBE ☐ 2 BALL FLOAT ☐ 4 EXEMPT
☐ 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER 454
(Check one item only)
☐ 1 VISUAL (EXPOSED PORTION ONLY) ☐ 5 MANUAL TANK GAUGING (MTG) ☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG) ☐ 6 VADOSE ZONE ☐ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 CONTINUOUS ATG ☐ 7 GROUNDWATER ☐ 3 MANUAL MONITORING
☐ 4 STATISTICAL INVENTORY RECONCILIATION ☐ 8 TANK TESTING
(SIR) BIENNIAL TANK TESTING ☐ 99 OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457
_____ gallons ☐ Yes ☐ No

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VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER				461	MANUFACTURER				463
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL		<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL		<input type="checkbox"/> 7. GALVANIZED STEEL				
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 99. Other		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS		<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS		<input type="checkbox"/> 9. CATHODIC PROTECTION				
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		<input type="checkbox"/> 5. STEEL W/COATING	464	<input type="checkbox"/> 95. UNKNOWN			465	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p>SINGLE WALL PIPING 466</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p>SINGLE WALL PIPING 467</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE
		469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.	
SIGNATURE OF OWNER/OPERATOR	DATE 470
NAME OF OWNER/OPRATOR (print) 471	TITLE OF OWNER/OPERATOR 472

Permit Number (For local use only)

473

Permit Approved (For local use only)

474

Permit Expiration Date (For local use only)

475